



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Timothy W. Girdalin, et al.

Title: QUEUE MANAGEMENT
SYSTEM AND METHOD

Appl. No.:

Filing
Date:

Examiner: TBA

Art Unit: TBA

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22213450.	
EL350743857US	November 18, 2003
(Express Mail Label Number)	(Date of Deposit)
Bernard I. Kleinke	
(Printed Name)	
(Signature)	

UTILITY PATENT APPLICATION
TRANSMITTAL LETTER

MAIL STOP PATENT APPLICATION

Commissioner for Patents
PO BOX 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (19 pages).
- ☒ Formal drawings (10 sheets, Figures 1 - 10).
- ☒ Declaration and Power of Attorney (4 pages).
- ☐ Assignment of the invention to _____.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement with copies of ____ listed reference(s).
- ☒ Application Data Sheet (37 CFR 1.76) (6 pgs.).

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111803

Atty. Dkt. No. 8591-110

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$750.00	\$750.00
Total Claims:	48	- 20	= 28	x \$18.00	= \$504.00
Independents:	3	- 3	= 0	x \$84.00	= \$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	= \$0.00
				SUBTOTAL:	= \$1254.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					= \$627.00
					\$0.00
				TOTAL FILING FEE:	= \$627.00

- ☐ A check in the amount of \$_____ to cover the filing fee is enclosed.
- ☒ Please charge the filing fee of \$627.00 pursuant to the attached Credit Card Authorization Form (PTO-2038).
- ☐ Please charge the filing fee of \$_____ to the deposit account 502635.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 502635. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 502635.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: November 18, 2003

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